



PTO/SB/22 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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|  |            |   |                 |
|--|------------|---|-----------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br><b>Emo2</b> |                 |
| Application Number <b>10/648,433</b>   |            | Filed <b>03/08/03</b>                   |                 |
| <b>For Encoding Decoding Parsing and Translating Emotive Content in Electronic Communication</b>   |            |   |                 |
| Art Unit <b>2173</b>   |            | Examiner                                |                 |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |                 |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |                 |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                 |                 |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60                                    | \$ <u>60.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                   | \$ _____        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510                                   | \$ _____        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590     | \$795                                   | \$ _____        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160     | \$1080                                  | \$ _____        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |                 |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <span style="float: right;">0000158178</span>  |            |   |                 |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |                 |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |                 |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet. |            |   |                 |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>                          |            |   |                 |
| I am the <input checked="" type="checkbox"/> applicant/inventor.   |            |   |                 |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.   |            |   |                 |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |            |   |                 |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |            |   |                 |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.  |            |   |                 |
| Registration number if acting under 37 CFR 1.34 _____  |            |   |                 |
| <u>Walt Froloff</u><br>Signature   |            | <u>10-09-06</u><br>Date                 |                 |
| <u>Walt Froloff</u><br>Typed or printed name   |            | <u>831-662-0505</u><br>Telephone Number |                 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.            |            |   |                 |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |                 |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**3. Terminal disclaimer with disclaimer fee**

☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.

☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$ \_\_\_\_\_ for a small entity or \$ \_\_\_\_\_ for other than a small entity) disclaiming the required period of time is enclosed herewith (see PTO/SB/63).

4. **STATEMENT:** The entire delay in filing the required reply from the due date for the required reply until the filing of a grantable petition under 37 CFR 1.137(b) was unintentional. [NOTE: The United States Patent and Trademark Office may require additional information if there is a question as to whether either the abandonment or the delay in filing a petition under 37 CFR 1.137(b) was unintentional (MPEP 711.03(c), subsections (III)(C) and (D)).]

**WARNING:**

Petitioner/applicant is cautioned to avoid submitting personal information in documents filed in a patent application that may contribute to identity theft. Personal information such as social security numbers, bank account numbers, or credit card numbers (other than a check or credit card authorization form PTO-2038 submitted for payment purposes) is never required by the USPTO to support a petition or an application. If this type of personal information is included in documents submitted to the USPTO, petitioners/applicants should consider redacting such personal information from the documents before submitting them to the USPTO. Petitioner/applicant is advised that the record of a patent application is available to the public after publication of the application (unless a non-publication request in compliance with 37 CFR 1.213(a) is made in the application) or issuance of a patent. Furthermore, the record from an abandoned application may also be available to the public if the application is referenced in a published application or an issued patent (see 37 CFR 1.14). Checks and credit card authorization forms PTO-2038 submitted for payment purposes are not retained in the application file and therefore are not publicly available.

Walt Froloff  
Signature

5/24/07  
Date

Walt Froloff

Typed or printed name

Registration Number, if applicable

273 Searidge Rd, Aptos, CA 95003  
Address

831-685-2446  
Telephone Number

Address

Enclosures: ☒ Fee Payment

☒ Reply

☐ Terminal Disclaimer Form

☒ Additional sheets containing statements establishing unintentional delay

☒ Other: Correspondance, RCE app. \_\_\_\_\_

**CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]**

I hereby certify that this correspondence is being:

☒ Deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

☐ Transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300.

5/24/07  
Date

Walt Froloff  
Signature

Walt Froloff  
Typed or printed name of person signing certificate

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                |                     |  |  |    |  |  |  |
|---|-----------------------------------|---|----------------|---------------------|--|--|----|--|--|--|
| 1 Date of Request: <u>7/5/07</u>                      |                                   | 2 Serial/Patent # <u>10648433</u>   |                |                     |  |  |    |  |  |  |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED   | 6 AMOUNT            |  |  |    |  |  |  |
|   | Filing                            |   |                | \$                  |  |  |    |  |  |  |
|   | Amendment                         |   |                | \$ <u>120.00</u>    |  |  |    |  |  |  |
| ✓   | Extension of Time                 | —   | <u>11/7/06</u> | \$ <del>80.00</del> |  |  |    |  |  |  |
|   | Notice of Appeal/Appeal           |   |                | \$                  |  |  |    |  |  |  |
|   | Petition                          |   |                | \$                  |  |  |    |  |  |  |
|   | Issue                             |   |                | \$                  |  |  |    |  |  |  |
|   | Cert of Correction/Terminal Disc. |   |                | \$                  |  |  |    |  |  |  |
|   | Maintenance                       |   |                | \$                  |  |  |    |  |  |  |
|   | Assignment                        |   |                | \$                  |  |  |    |  |  |  |
|   | Other                             |   |                | \$ <u>120.00</u>    |  |  |    |  |  |  |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |                | \$ <del>80.00</del> |  |  |    |  |  |  |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |                |                     |  |  |    |  |  |  |
|   |                                   | ✓ Treasury Check  |                |                     |  |  |    |  |  |  |
|   |                                   | Credit Deposit A/C #:   |                |                     |  |  |    |  |  |  |
|   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |                |                     |  |  | -- |  |  |  |
|   |                                   | --  |                |                     |  |  |    |  |  |  |
|   | Overpayment                       |   |                |                     |  |  |    |  |  |  |
| ✓   | Duplicate Payment                 |   |                |                     |  |  |    |  |  |  |
| ✓   | No Fee Due (Explanation):         | <u>Extension of time was untimely → not valid</u>   |                |                     |  |  |    |  |  |  |
|   |                                   |   |                |                     |  |  |    |  |  |  |
| 11 REFUND REQUESTED BY:                               |                                   |   |                |                     |  |  |    |  |  |  |
| TYPED/PRINTED NAME: <u>Liana Wakh</u>                 |                                   | TITLE: <u>Pt. Examiner</u>  |                |                     |  |  |    |  |  |  |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>232060</u>  |                |                     |  |  |    |  |  |  |
| OFFICE: _____   |                                   |   |                |                     |  |  |    |  |  |  |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                |                     |  |  |    |  |  |  |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>7/10/07</u>  |                |                     |  |  |    |  |  |  |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*